

STATE OF HAWAII
CLAIM FOR VOID CHECK

TO: **COMPTROLLER, State of Hawaii**
(Attention: Accounting Division)

Claim is hereby made for a reissue payment to replace the attached check that is void as stated on the face of the check.
Please reissue payment and forward reissued payment to expending agency.

Attach check here.

FOR COMPTROLLER USE ONLY	
<p style="text-align: center;"><u>Action Taken on Above Request:</u></p> <div style="display: flex; justify-content: space-between;"><div style="width: 40%;"><div style="margin-bottom: 10px;"><input type="checkbox"/> 1. Reissued check: Number _____ Date _____</div><div style="margin-bottom: 10px;"><input type="checkbox"/> 2. (Other) _____ _____ _____</div><div style="margin-top: 20px;">Initials _____ Date _____</div></div><div style="width: 55%; border-left: 1px solid black; border-right: 1px solid black; padding: 0 10px;"></div></div>	

(Signature of Payee/Title, if applicable)	
(Signature of Payee/Title, if applicable)	
(Telephone No.)	(Date)
(Departmental Contact Person)	(Telephone No.)
(Department/Name of Expending Agency)	

<u>CHECK IDENTIFICATION</u>			
<p>INSTRUCTION: Payee name must be completely and exactly as shown on the State of Hawaii check. Refer to Report 106 for exact payee name, if applicable.</p>			
Payee _____			
Department Voucher No. _____	Check Amount	\$	_____
Comptroller Voucher No. _____	Check Date	_____	
Payroll No. & Check Distribution Code (if applicable)	Check Number . .	_____	_____
		(Fund)	(Number)